

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS773HSNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/25/2009
NAME OF PROVIDER OR SUPPLIER DESERT LANE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 660 DESERT LANE LAS VEGAS, NV 89106		
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Z 000	<p>Initial Comments</p> <p>Surveyor: 26907 This Statement of Deficiencies was generated as a result of a State licensure survey conducted in your facility on 9/22/09 through 9/25/09, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. This survey was conducted concurrently with the six month Special Focus Facility Medicare re-certification survey conducted at your facility.</p> <p>The census at the time of the survey was 126. The sample size was 24.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Z 000		
Z276 SS=G	<p>NAC 449.74481 Range of Motion</p> <p>Based on the comprehensive assessment of a patient conducted pursuant to NAC 449.74433, a facility for skilled nursing shall ensure that:</p>	Z276		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z276	<p>Continued From page 1</p> <p>2. A patient with a limited range of motion receives the services and treatment needed to increase his range of motion and to prevent any further loss in his range of motion. This Regulation is not met as evidenced by: Surveyor: 13766 Based on observation, interview, record review, and document review, the facility failed to ensure treatments and services were provided to prevent further decrease in range of motion for 2 of 24 residents (Residents #4, #9).</p> <p>Findings include:</p> <p>Resident #4</p> <p>Resident #4 was a 37 year old male admitted to the facility on 3/23/07 and was readmitted on 6/08/09 with diagnoses to include Persistent Vegetative State due to a Traumatic Brain Injury from a Motor Vehicle Accident, Seizure Disorder, Gastrostomy Tube, Tracheostomy Tube and a History of Pneumonia.</p> <p>During the initial tour on 9/22/09, Resident #4 was observed lying in bed in a supine position with his prone hands grasped closed and contracted. The resident was awake and his eyes were blinking. He responded to verbal stimuli. The resident's right extremity was noted to have a foot drop.</p> <p>The Director of Rehabilitation (Rehab) indicated on 9/24/09 in the morning, that Rehab made rounds every morning to evaluate the needs of the residents. She added nursing staff could make recommendations if there was a need for a resident. The Director was asked about Resident #4's foot drop of his right leg. She indicated she was going to ask the physician about an order for</p>	Z276			

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Z276	<p>Continued From page 2</p> <p>a brace for his leg.</p> <p>On 9/23/09, an interview with Resident #4's brother indicated he had been asking for something to be done with the resident's hands because he noticed the hands were always in a fist and had not seen them opened. During the family interview, the Certified Nursing Assistant (CNA) caring for Resident #4 was asked what was done for the resident's hand contractions. The CNA replied, "a washcloth is rolled up and placed in both hands." The resident's brother indicated he had never seen the washcloths in Resident #4's hands.</p> <p>The facility's Policy and Procedure- Subject Contracted Hand Care revised 2009 indicated the following:</p> <p>"9. Place a hand roll in the palm of the hand. ...NOTE: A special hand roll or splint type device is used as indicated in the care plan."</p> <p>There was no documentation in Resident #4's Care Plan indicating the staff performed range of motion exercises or used assistive devices to prevent the resident from further decline.</p> <p>Surveyor: 21794 Resident #9</p> <p>Resident #9 was a 25 year-old male initially admitted to the facility on 11/1/07 and readmitted on 7/22/09, with diagnoses including Anxiety State Not Otherwise Specified, Depressive Disorder, Chronic Pain, C1 - C4 Complete Quadriplegic, Esophageal Reflux, Bladder Calculus, Neurogenic Bladder, Bladder Disorder, Status Post Urinary Tract Infection, Contractures,</p>	Z276		

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Z276	Continued From page 3 Insomnia and Spasm of Muscle. A Physician Telephone Order, dated 7/10/09, noted an order for Occupational Therapy to assess the resident for a "Brace for Arm." The resident's record revealed no documented evidence the resident received an Occupational Therapy assessment for a brace to his upper extremities. During the re-certification survey, the resident was observed without a brace on either arm. On 9/24/09 at 9:20 AM, the resident stated, "I thought they wrote an order for the braces." The resident indicated he had not received an evaluation for the braces nor received the braces.	Z276			
Z290 SS=G	NAC 449.74487 Nutritional Health; Hydration 1. Based on the comprehensive assessment of a patient conducted pursuant to NAC 449.74433, a facility for skilled nursing shall ensure that: (a) The nutritional health of the patient is maintained, including, without limitation, the maintenance of his weight and levels of protein, unless the nutritional health of the patient cannot be maintained because of his medical condition. (b) The patient receives a therapeutic diet if such a diet is required by the patient. This Regulation is not met as evidenced by: Surveyor: 27206 Based on observation., interview, record review, and document review, the facility failed to ensure acceptable parameters of body weight were maintained resulting in significant weight loss for 2 of 24 residents (Residents #18, #3). Findings include:	Z290			

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Z290	<p>Continued From page 4</p> <p>Resident #18</p> <p>Resident #18 was originally admitted to the facility on 4/10/09, with readmission on 5/5/09. The resident's diagnoses included Cerebrovascular Disease with Left-sided Hemiparesis, Diabetes, Hypertension, Dysphagia, and Hypothyroidism. The resident was admitted with a gastrostomy tube (G-tube), and was receiving a mechanical soft, reduced concentrated sweets diet with nectar thickened liquids. The resident also had an order to add two cans of Glucerna supplement via G-tube if less than 50% of meals were consumed.</p> <p>Resident #18's weight on 4/11/09 was 181.8 pounds (lbs). When he was readmitted to the facility on 5/6/09 after a short hospital stay, his weight was 175.2 lbs. On 7/14/09, the resident's weight was 154.6, representing a 11.7% weight loss over a 3-month period.</p> <p>The Nutrition Services Director (NSD), Employee #5, who was also a Dietetic Technician, made a recommendation to change the order from as-needed G-tube bolus feedings to three G-tube bolus feedings daily for 1706 calories per day. The order was implemented on 7/14/09. Record review revealed the facility's Consultant Dietitian, Employee #6, reviewed the order made by the NSD on 7/15/09.</p> <p>On 7/23/09 the NSD recommended adding a G-tube feeding at night for an additional 768 calories. This order was implemented on 7/23/09 and was reviewed by the dietitian on 7/28/09.</p> <p>During the month of August a restorative aide (RA), Employee #7, observed Resident #18 for</p>	Z290			

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Z290	<p>Continued From page 5</p> <p>two meals daily. On 8/24/09 the RA, documented, "Resident continues to try to feed self...Resident usually eats 50-70% of meals." A review of the resident's meal intake record, however, revealed that the resident was actually consuming 25-50% of his meals.</p> <p>The NSD was interviewed on 9/24/09 at 1:30 PM. The NSD indicated that, as a result of the RA notes, and because Resident #18's weight had increased to 162 lbs, she made the decision to discontinue the three daily G-tube feedings, keeping as-needed G-tube bolus feedings. The NSD also changed the resident's care plan approach from offering tray set-up and assisting with verbal cueing to "assist with meals as needed."</p> <p>On 9/1/09 Resident #18's weight was 163.4 lbs, and weekly weights were discontinued. Because the resident was to receive G-tube feedings if meal intake was less than 50%, Certified Nursing Assistants (CNAs) in the dining room maintained meal intake information, and this information was then documented on the Medication Administration Record (MAR) by nursing staff.</p> <p>Review of the resident's meal intake records and MAR for the month of September revealed many inconsistencies. For example, on 9/14/09, the meal intake record indicated the resident consumed 25% of his dinner meal, whereas the MAR indicated 50% for the same meal. For the month of September, there were 16 instances whereby CNAs in the dining room documented that the resident ate less than 50% of his meals, but the MAR indicated the resident ate more than 50% of those same meals. Nursing, then, would not have provided Resident #18 with his G-tube supplemental feeding for those meals because of</p>	Z290			

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Z290	<p>Continued From page 6</p> <p>these discrepancies. There was also no way to determine on the MAR, if any G-tube feedings were ever given to the resident, as nursing did not document the feedings.</p> <p>On 9/24/09 at 7:15 AM, Resident #18 was observed in the RA dining room at a table by himself. The resident was reclined in his wheelchair and his breakfast tray was out of reach from where he was positioned. From 7:15 AM to 7:30 AM, no staff came to assist the resident, and the resident was observed to nod off to sleep. At 7:30 AM Resident #18 was observed to struggle to reach his tray and then take two bites of his cold cereal. A CNA then approached the resident and asked if he was done. The resident responded yes and The CNA took his tray away. For that breakfast, the CNA documented that the resident ate 25% of his meal. For the same meal, it was recorded on the resident's MAR that 50% of the meal was consumed.</p> <p>On 9/24/09, a requested weight for Resident #18 revealed the resident was 153 lbs. This was a 10 lb (6%) weight loss since the last time the resident's weight was taken on 9/1/09, when it was recorded that the resident weighed 163.4 lbs.</p> <p>According to the facility's Weight Protocol policy, provided by the NSD and dated 3/8/07, "A significant weight change is identified as: more than 5% in one month; the physician and responsible party to be notified of significant weight changes by nursing staff."</p> <p>Both the NSD and the consultant dietitian acknowledged they were unaware of Resident #18's recent significant weight loss and there was no documented evidence that the resident's</p>	Z290			

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Z290	<p>Continued From page 7</p> <p>physician had been notified of this weight loss.</p> <p>Review of the facility's Nutrition Policies and Procedures, dated 7/2009, revealed the NSD was to refer residents at nutritional risk to the registered dietitian for nutritional assessment according to the following guidelines, including a significant unplanned weight change of more than 5% in 30 days, and new or changed orders for enteral feeding. According to the policy, "The NSD only collects data and documents a preliminary review of nutritional status...The DTR may additionally summarize and document comparison of findings to standards and may make recommendations for diet change or additional interventions as needed...The Registered Dietitian prepares a list of clinical recommendations at each visit to notify nursing and/or physicians of recommendations, suggestions, or requests in regard to the nutritional care of the resident."</p> <p>Record review indicated that while the consultant dietitian reviewed diet change recommendations by the facility's NSD, the dietitian did not write the diet orders herself per facility policy.</p> <p>On 9/25/09 at 10:45 AM, the dietitian was interviewed. The dietitian reported that the NSD wrote the diet orders for Resident #18, and that she confirmed the orders when she came to the facility. Resident #18's weight loss of 10 lbs over the past three weeks was brought to the dietitian's attention. The dietitian acknowledged that whenever a diet order was changed, weights should be monitored with a calorie count.</p> <p>Resident #3</p> <p>Resident #3 was originally admitted to the facility</p>	Z290			

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Z290	<p>Continued From page 8</p> <p>on 11/5/08, with readmission on 4/22/09, with diagnoses including Parkinsons Disease, Dementia, and Hypertension. Upon admission, the resident's weight was 165.4 lbs. When he was discharged from the facility on 2/14/09, he weighed 131.8, a 20% weight loss in four months. Before returning to the facility, the resident received a G-tube. Upon readmission, the resident weighed 136.6 lbs. On 9/1/09, he weighed 121.6 lbs, an 11% weight loss in 4.5 months.</p> <p>Review of Resident #3's record revealed that the resident refused to be fed by G-tube, and that his meal intake was variable. According to physician's orders, the resident was to be receiving a mechanical soft diet with Enlive nutritional drink and pudding with every meal. On 9/23/09 at breakfast and on 9/24/09 at lunch it was observed that the resident's meal trays did not include these two supplemental foods. It was also observed that the resident's meal ticket did not list the ordered pudding. The meal ticket included two ounces of salsa, but this was also not provided.</p> <p>Through a CNA, serving as an interpreter, Resident #3 was asked on 9/23/09 at 8:30 AM about his favorite foods. The resident reported that he liked rice, strawberry ice cream, and beans.</p> <p>On 9/23/09 at 9:00 AM, the Nutrition Services Director (NSD) acknowledged that the kitchen was out of the Enlive drink. The NSD could not explain why the order for pudding, made on 4/23/09, had not been inputted into the facility's diet software program. When asked about residents' food preferences, the NSD indicated that specific foods, such as strawberry ice cream</p>	Z290			

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Z290	Continued From page 9 and beans, were not ordered if they were not a part of the planned menu, and that, while food preferences were documented upon admission, this information was not available in the software program. The facility's Nutrition Policies and Procedures, dated 7/2009, included the following procedures: "1) A diet change will be ordered by the physician, recorded on the physician's orders, and implemented by the Nursing and Nutrition departments; 2) Nutrition Services will update the resident's tray ticket or computerized profile to reflect the new order; 3) The diet order in the medical record agrees with the resident profile, the tray identification ticket, and menus planned on the extended menu. The NSD or designee audits these areas for consistency at least monthly; 4) Keep food preferences updated so that residents do not continually receive foods they will not or cannot eat."	Z290			

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